

STANDARD CERTIFICATE OF DEATH

State File No. **34366**

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| BIRTH NO. _____ | | REG. DIST. NO. <u>47</u> | | PRIMARY REG. DIST. NO. <u>5164</u> | | Registrar's No. <u>347</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton Township</u> | | c. LENGTH OF STAY (In this place) <u>2129</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>4927 Maryland Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 54 2Miles North</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4927 Maryland Ave.</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Kenton</u> (Type or Print) b. (Last) <u>Cravens</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 18, 1952</u> | | | |
| 5. SEX <u>U</u> <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>July 19, 1931</u> | |
| 9. AGE (In years last birthday) <u>21</u> | | 10. MONTHS <u>11</u> | | 11. DAYS <u>21</u> | | 12. IF ORDER IS IN HOURS <u>11</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>College</u> | | | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Minneapolis Minnesota</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Kenton R. Cravens</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Vivian Crouch</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>—</u> | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>Korean</u> | | | |
| 16. SOCIAL SECURITY NO. <u>104</u> | | | | 17. INFORMANT'S SIGNATURE OR NAME <u>Kenton R. Cravens</u> ADDRESS <u>St. Louis</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Fractures of Skull</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Township Callaway Mo.</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 18 52 1 A</u> | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Auto Accident Passenger in car</u> | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1 A.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>H. R. Cravens</u> (Degree or title) <u>Coroner</u> | | | | 23b. ADDRESS <u>Callaway County Fulton Missouri</u> | | 23c. DATE SIGNED <u>10/18/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 21/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cm.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct. 18-1952</u> | | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u> | | ADDRESS <u>Fulton</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10730 1982

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 2555

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.